

- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
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	and Regional Managers will be trained in the final stages of TEAPI: planning	1.1. (a). Complete TEAPI training according to the developed roll-out training plan and calendars for FCMs, FCM Supervisors, Local Office Directors and Regional Managers.	Q1	MB Lippold and D. Judkins	in sheets	TEAPI was completed for the majority of DCS staff on 5-6-09. Also, the TEAPI training schedule indicates the dates and regions that were trained on each of the Practice Model Skills. 100% of all Local Office Directors and Regional Managers have completed training for all elements of TEAPI. Of the existing 1,557 Family Case Managers, only a small percentage in six regions have not been trained. Regions 1,3, 5 and 10 have less than 1% of staff who are not trained in all elements of TEAPI and Regions 16 and 17 have between 2% and 11% of staff not fully trained. Those staff who were not trained or did not complete the TEAPI training will do so through New Worker Training. The TEAPI training spreadsheet attached includes FCMs, FCM Supervisors and Local Office Directors. (see Appendices: A.1.Training Roster, A.2. roll-out calendar, A.3. analysis of staff completion.)	Evidence of completion renegotiated via email on 6-30-09. In Appendix A.1, "CWPPG" is listed as trainer, what does the acronym stand for? When does Indiana anticipate all staff will complete training?	completed with
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (a). Data will be collected, analyzed, and a QAR report will be developed which identified a baseline for improvement at the local levels.	Q4		QAR report for timeliness of initiation at the local and Regional levels.			



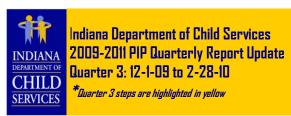
Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE PROPERTY OF THE Quarter 3: 12-1-09 to 2-28-10 CHILD *Quarter 3 steps are highlighted in yellow

Four PIP Strategies:

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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	1.2. (c.) Each region will submit a quarterly Strategic Action Plan (SAP) that will address response timeliness in compliance with statutory requirements.	Q4, Q6, Q8	D. Judkins	SAP report			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.2. Ensure consistency in timely response to CA/N (child abuse/neglect) reports across regions.	the practice indicators, and QAR	Q4, Q6, Q8	D. Judkins	SAP reports and outcome of further planning determined.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (a). Assessors (investigators) will conduct a CFTM/Case conference during the initial stage of the case and develop a safety plan when a report is substantiated and further action is determined (IA, In-home CHINS, and Out of Home Chins).	Q2		QAR Report will indicate the percentage of initial CFTMs completed with a safety plan developed.	According to a QAR report period ending in September 2009, a total of 1,679 assessment cases (385 assessments resulting in IAs and 1,294 assessments resulting in CHINS) were surveyed to indicate the development of a safety plan during the initial stage at a case conference or CFTM once a substantiation was established. (See Appendices: P.1.QAR Data Analysis and P.2. IA and CHINS Survey Report).		1/28/2010

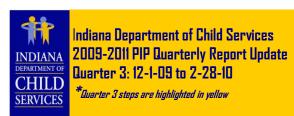




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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (b). CFTMs will occur at every critical decision of the case. During the life of the case, CFTM minutes will include the safety plan. FCMs will enter written minutes/safety plan in the CFTMs contact note in ICWIS system.	,	A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.			
	1.3. CFTMs/case conferences will be used to develop effective and achievable safety plans to ensure children are safe at the time of DCS' initial involvement and thereafter until case closure.	1.3. (c.) Field Operations in collaboration with PQI unit will randomly select CFTM contacts for review to analyze the content of safety plans and to address concerns identified.		A. Green	Analysis of ICWIS system report identify concerns regarding safety plan completion and safety plan content, and steps taken to address these concerns.			

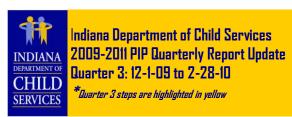




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (a). Form a committee to identify a comprehensive risk and needs assessment tool that will replace existing independent assessments and screening tools, correlate with the TEAPI practice model, and further guide and support risk and needs evaluation in the field.			List of committee members and meeting minutes.	During Quarter 1, a committee was formed to identify and assess current assessments and screening tools with the effort to identify a singular comprehensive risks and needs assessment tool. (Appendix M: List of committee members and meeting minutes)	List of committee members and initial meeting minutes were provided. While names were given, their role in the Agency was not identified. It would be benefecial to identify their roles in the agency so that we can understand the perspectives that are represented on the committee. Can this be included with next report?	complete with the submission of the 1st QSR on 10/7/2009

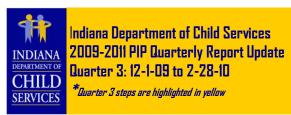




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· · · · · · · · · · · · · · · · · · ·	1.4. Review current risk and needs assessment tools to align with TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (b). Committee will make recommendation to DCS management for review of tool and plan for implementation.			Committee recommendation and outcome of review (Q3) and Implementation plan (Q6).	The workgroup committee in conjunction with executive management agreed to use the CANS assessment tool to assess the strengths and needs of children. Eventually, the CANS tool will be modified to include caregiver questions along with an Algorithm that will generate service related recommendations for the caregivers. The workgroup researched and gathered information from other states on how to combine Safety and Risk assessments. Currently under the guidance of the Deputy Director of Field Operations, technical assistance has been requested through Barry Salovitz at Casey and National Resource Center on how to merge safety and risk assessments together. This is uncharted territory for Indiana, a major practice and paradigm shift. On 2-23-10, ACF approved the extension of the due date to change from Q3 to Q6. An additional extension is requested to Q7 to allow more time to recieve the TA assistance and to find a tool that will work for Indiana. (See Appendices: JJ.1 Workgroup Recommendations, JJ.2. Outcome of Review)		

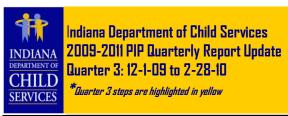




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1) Development of staff to	1.4. Review current risks and needs	1.4. (c.) The tool is selected, policy is		D. Judkins, A.	Copy of tool and			
have assessment skills and	assessment tools to align TEAPI	revised to reflect the new tool, staff are	Renegotiate	Green and MB	CAT training report			
competencies that determine	model and support the continuous	trained the tool via Computer Assisted	d to Q6	Lippold	along with			
the risks and needs of children	assessment occurring throughout the	training and the tool will then be used	(Approved		distributed policy.			
and their families.	life of the case.	by FCMs.	3-10-10) If					
			the					
			extension is					
			granted for					
			1.4.(b), the					
			due date					
			will need to					
			change to					
			Q8.					

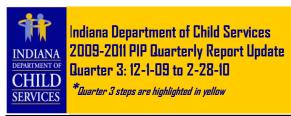




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and their families.	1.4. Review current risks and needs assessment tools to align TEAPI model and support the continuous assessment occurring throughout the life of the case.	1.4. (d). Modify QAR tool to incorporate new assessment tool, and then utilize QAR tool to measure progress after implementation of the newly revised risk/needs assessment tool.		A. Green	QAR tool showing modification that incorporates new tool along with QAR report that documents use of new tool.			1/28/10
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.			MB Lippold	Concurrent planning curriculum and roll-out calendar.			

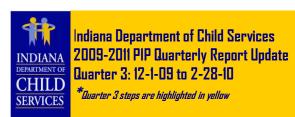




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.			Q6		Revised CFTM agenda template.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1	3	Q7		CAT training module and policy.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	- (-)	Q6	A. Brown (Indiana Judicial	Permanency planning curriculum developed. Attendance sheets and training calendar established and published.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.5. Implement permanency planning system-wide while focusing on the "life of the case", placement stability, and timeliness.	- (-)	Q2		Regional Permanency Team Plans	(See Appendix Q : Regional Permanency Team Plans)		

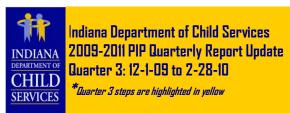




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	1.6.(b). If gaps are identified, introduced Legislation that permits detention and initial hearings to be conducted as part of the same proceeding. DCS' General Counsel will instruct DCS local office attorneys to timely file TPR petitions in cases supervised by DCS.	Q3		Proposed legislative agenda.	(See Appendix R.1 : Memorandum of Statutory Review).		1/28/10





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	1.6. Local offices will monitor and improve compliance regarding statutory hearing requirements to increase timely permanency for children.	Managers in development of corrective	Q6, per		Taskforce recommendations and SAP reports with corrective measures.	The taskforce was comprised of Regional Managers from Regions 10 and 15, Chief Legal Counsel from Region 10, staff attorney from Region 11, and Deputy Directors from Legal and Field Operations. The taskforce reviewed QAR data from each county and developed a legal staffing form designed to aid in local staff attorneys and FCMs adherence to statutory timeframes. In Quarter 3, The Regional STAR Report will reflect the use of this tool in selected regions along with a roll-out plan to implement the tool statewide by Q4. (See appendix R: Taskforce Recommendations) *See Appendix KK.1: Excerpts from STAR Report		



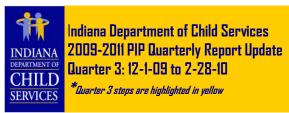
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 Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families. 	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	Trial DVD to train FCMs, new FCMs	Q3		Mock Trial DVD and training curriculum.	See Appendices: LL.1. Training Presentation, LL.2. Mock Trial DVD, LL.3. New Worker Trainer Manual Court Testimony, LL. 4. Experienced Worker Trainer Manual		
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.7. Establish the use of Mock Trial DVD for staff training purposes to improve worker skills in court hearings.	1.7.(b). Implement training schedule for established curriculum.	Q7	MB Lippold	Training schedule			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (a). Genogram software tool will be provided to all FCMs to use to identify family supports and will be utilized during the CFTM process to identify non-custodial parents and their contacts.	Q3	D. Judkins	Genogram Software tool	The GenoPro is an advanced, well-organized software tool that allows FCMs to create automated genograms and ecomaps. DCS has trained approximately 1,780 staff on this tool with the continued effort to assist FCMs in identifying family members and their supports as early as possible. (See Appendices: N.1. GenoPro Software tool, N.2. admin letter, N.3. CAT training script, and N.4.download information.)		10/7/09
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	converted to a word document and placed in ICWIS contacts and used as	Q4	D. Judkins	ICWIS reports showing examples of genograms.			

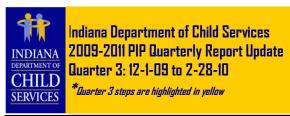




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	(investigation) process and throughout the life of the case.	1.8. (c.) FCMS will complete an ADI (Diligent Search) on every non-custodial parent during the assessment (investigation) phase, before a change to the permanency plan or when additional information about an absent parent is provided.	Q2	D. Judkins and A. Green	ADI: Diligent Search Policy	DCS developed a Diligent Search Policy effective November 1, 2009. This policy commits staff to initiate a search for known, absent and noncustodial parents along with relatives beginning at the initial stage of the case and throughout the child's involvement with DCS. (See Appendices: S.1.Diligent Search Policy and S.2. Policy Correspondence to ICWIS Users)		1/28/2010
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (d). Include Diligent Search question in the QAR tool for continuous review of practice.	Q2		Revised QAR tool that includes diligent search question.	The Diligent Search Question was inserted into the QAR tool July 2009. (See Appendix H: Revised QAR Tool).		10/7/2009
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will local non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	1.8. (e). Policy regarding placing children with non-custodial parent and other relatives when it is in child's best interest will be reinforced via Director's note.	Q3		Director's Note addressing practice expectation.	Appendix MM: Director's Note		
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.8. Family Case Managers will locate non-custodial parents and other relatives beginning at the assessment (investigation) process and throughout the life of the case.	search efforts quarterly through QAR	Q4, Q6	D. Judkins	QAR results			

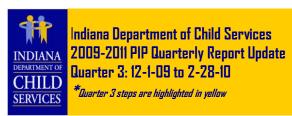




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.		(a). Policy staff will research non-relative kin definitions from other states.	Q5		Policy brief on kin definition			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (b). Policy will collaboratively draft with Court Improvement Project (CIP) a new definition of non-relative kin.	Q5	A. Green and D. Judkins	Approved definition of kin			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.9. DCS will expand placement options to consider non-related adults when it is in the best interest of the child.	1.9. (c.) Policy statement and computer assisted training (CAT) will be provided to field staff, i.e. FCMs, FCM supervisors, Local Office Directors, and Executive Managers.	Q5		Policy statement and CAT module and/or Admin Letter			





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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	when it is in the best interest of the	(e). Add the newly defined kinship placement ICWIS and the Practice Indicator under CHINS placements.		A. Green	Revised ICWIS and practice indicator for increased relative care.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (a). Quarterly Mandatory management meetings (QUAD) will have proximity and preserving connections as a recurring agenda item.	Q2	D. Judkins	QUAD meeting notes.	In September 2009 during a QUAD meeting, a proximity scenario was shared with attendees to process and discuss various case management related topics to include preserving connections. (See Appendices: T.1. QUAD meeting proximity scenario and questions, T.2.Excerpt from QUAD Meeting Notes, T.3. RM meeting notes).		1/28/2010
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.10. DCS will emphasize to all field staff the value of proximity and preserving essential connections to the child's family, culture, religion and community.	1.10. (b). Information, decisions and/or suggestions generated about proximity and essential connections from the QUAD meetings will be dispersed to staff through unit meetings.	Q2		Distributed information	The Regional Managers shared the proximity scenario discussed in the QUAD meeting with local office staff. (See Appendices : T.1. QUAD Meeting proximity scenario and questions, T.2. QUAD Meeting Notes, T.3. RM meeting notes).		1/28/2010



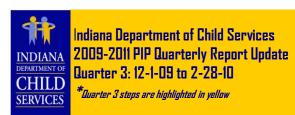
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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
have assessment skills and competencies that determine the risks and needs of children and their families.	between the family of origin and the	1.11. (a). DCS will utilize practice indicators to track the frequency of visits between the child and family members.	Q2	D. Judkins and A. Green	Practice Indicator for Contacts and Visitations trendline.	(See <u>Appendix B.1.</u> : Visitation and Contacts Report for July 2009)		10/7/2009
have assessment skills and competencies that determine the risks and needs of children and their families.	between the family of origin and the child in care to promote faster	1.11. (b). Field Staff will utilize CFTM/case conferences to encourage families and children's input on visits and contacts and to develop a visitation plan.	Q2	D. Judkins	in CFTM/case conference.	A taskforce of policy and field staff developed a visitation plan template to be used by FCMs during CFTM and/or case conference. FCMs are to download a copy of the visit plan in the visitation screen in ICWIS. A new feature was added in the visitation module that allows FCMS to indicate if the plan was created in a CFTM, case conference, or other. (See Appendix U: Visitation Plan Template).		1/28/2010
competencies that determine the risks and needs of children and their families.	between the family of origin and the	1.11. (c.) Visitation plans created will be placed in the visitation screen in ICWIS.		D. Judkins and A. Green	eligible families.	ICWIS generated a one time aggregated report to capture all visitation plans from the period of 9-1-09 through 11-30-09 by region and county with a State total. An ICWIS migration on 12-1-09 added a new feature to capture if the visitation plans were created during a Child and Family Team Meeting or Case Conference. See Appendix V : ICWIS Aggregated Visit Plan Report).		

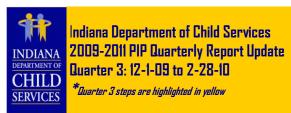




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
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	1.11. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.11.(d). Implement Making Visits Matter in-service regional trainings	Q3		Making Visits Matter curriculum, roll-out training calendar, and sign- in sheets.	There were 98% of FCMS who were trained on this curriculum. A training plan was developed to train the remaining staff. (See Appendices : NN.1. Making Visits Matter Curriculum, NN.2. Training calendar and training plan.)		
	1.1. FCMS will increase the frequency and improve the quality of visits between the family of origin and the child in care to promote faster achievement of permanency and reduce the time a child is placed in substitute care.	1.1.(e). DCS will form a workgroup that will discuss the development of FCMs' facilitation skills necessary to ensure visitations between the child and the parent as well as visitations between the child with participating relatives are progressive and productive.	Q5(Remove d and replaced by newly revised PIP item 3.3 - Approved 2- 23-10)		Outcome of workgroup and plan developed.			
	and improve the quality of visits between the family of origin and the	M1. (f.) Visitation plans created will be placed in the visitation screep in ICWIS.		A.Green	CWIS report identifying plans created for eligible families			

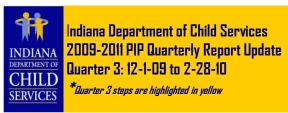




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	placements, las, and in-home CHINs.	Status Report Q6	D. Judkins and A. Green	policy and monthly tracking report.	The pratice indicator report for visitations and contacts were capturing FCM contacts with family members already. However, office of data management revised the high-level definition for this practice indicator to clarify that family members do indicate the original caretakers of the child prior to removal. It was important for Indiana to empasize that many children involved with DCS were not living with their biological parents at the time of removal but many lived with grandparents and other relatives. To enforce this clarification, a ICWIS PIP TIP was sent to all users to further explain to field staff and managers that when making contacts with family members, it is important to choose the correct person in the contact log. Doing so, gurantees the proper migration to the Practice Indicator report which measures the FCM contacts with family members more accurately. (See Appendices: B.1. Visitation and Contacts Report, B.2. Case worker Contacts Policy, B.3. ICWIS PIP Tip, and B.4. Practice Indicator Definitions/Information).		

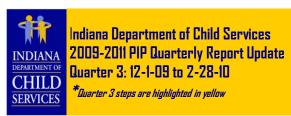




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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12. (b). Regional Managers will monitor the monthly tracking report and address non-compliance issues in Strategic Action Plans.	Q1	D. Judkins	Regional Strategic Action Plans	See Appendix 3 (Excerpts from STAR Report)		10/7/09
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents and children.	1.12.(c.) The Family Functional Assessment (FFA) will be used as a tool guide for FCMs in preparation for quality visits in all case types (in-home CHINS, IAS, and out of home placements).	Q2		Copy of Family Functioning Assessment	The Family Functional Assessment is a comprehensive field guide that evaluates the domains of a family's life and assesses their level of functioning in each area. Field staff are encouraged to use this tool during the initial assessment of the family and throughout case involvement. (See Appendix I: Family Functional Assessment)		10/7/2009
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(d). Provide Director's note that will require FCMs to use the FFA in preparation for quality visits.	Q2	D. Judkins	Director's note	DCS' agency director administered a director's note November 30, 2009 encouraging staff to use the FFA tool to ensure quality and productive worker contacts with families. (See Appendix W : Director's Note).		1/28/2010





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Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCM's compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(e). FFA will be an agenda item for discussion at Regional Managers' Meeting.	Q2	D. Judkins	Meeting agenda and notes.	The Family Functional Assessment was an agenda topic during the bi-weekly Regional Managers' meeting in August 2009. This initiated further discussion on how to fully engage field staff on the use of this tool and what supports are available or necessary to foster this process. (See <u>Appendix J</u> : Regional Managers Meeting Agenda and meeting notes).		10/7/2009
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12.(f). Supervisors will observe and mentor FCMs as they demonstrate the use of FFA. Counties will then provide a quarterly account of the use of tool to regional managers. Regional Managers will incorporate this report into the reunification section of the strategic action plan.	Q3	D. Judkins	Action Plans	In preparation for this PIP item, Field Operations requested the Clinical Consultant develop an observation tool that would mirror the principals of both TEAPI and FFA. In Q2, the observation tool was introduced to each Region. Marion and Lake counties selected two supervisors to pilot this tool by observing two family case managers apply the FFA during a home visit. All other regions selected one supervisor who observed one family case manager during a home visit. This totaled to approximately 20 case samples of supervisors observing the application of FFA with the use of the observations were recorded in the STAR report. This process will be repeated for Q3. Recently, the Observation tool has been merged into the Supervisory Reflective Tool will be implemented statewide July 1, 2010. See Appendices: KK.1. Excerpts from STAR Report and KK.2. FFA Observation Tool.)		



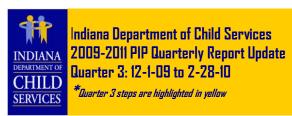
Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE PROPERTY OF THE Quarter 3: 12-1-09 to 2-28-10 CHILD *Quarter 3 steps are highlighted in yellow

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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (g). QAR tool will be modified to assess frequency and quality of worker contact with parents or children.	Q5	A. Green	Updated QAR tool			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (h). Reviewers will be trained on updated questions.	Q5		Practice guidance sent to local offices on modified tool.			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.12. DCS will ensure FCMs' compliance with the case worker contacts policy regarding frequency and quality of visitation with parents.	1.12. (i). QAR tool implemented.	Q6		QAR review schedule			
1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	that all children are involved in the	1.13. (a). FCMs will facilitate child-centered (or child specific) CFTM to assess IL needs and is to be held at least 6 months prior to the child's 16th birthday. During which, the IL plan will be developed with the child and updated for every permanency hearing thereafter. This process will be reflected in policy.		Green	Template of IL plan to be utilized. Policy and procedural guidance.			

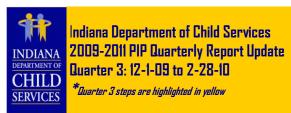




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1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.		1.13. (b). IL consultants will develop a protocol and monitoring tool to assess the performance of service providers, their activities, and services requirements.	Q4	L. Rich	Protocol and monitoring tool			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	youth at the earliest possible age, and that all children are involved in the	1.13. (c.) The tool developed will be used by Regional Child Welfare Coordinators. The Coordinators will use the tool on a statistically valid random sample of providers. The sample selected will be reviewed every two years. Regional Coordinators and Programs and Services staff will develop a biennial timetable. Standard notification letter will advise providers of review.	Q5	L. Rich	Implementation plan; review schedule and report from a review.			
Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.	1.13. All CHINS cases will be monitored to ensure that IL services are appropriately provided to eligible youth at the earliest possible age, and that all children are involved in the development of their IL plan.	quarterly mandatory FCM technical assistance on IL planning and	Q3-Q8	L. Rich and D. Judkins	Calendar of IL trainings and sign- in sheets	See Appendix OO.1. IL Training Calendar, OO.2. Sign-in sheets		

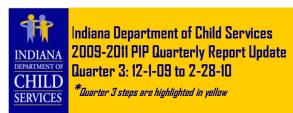




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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	renewals to reflect TEAPI values and	Q2		Standards	DCS' has thirty-six (36) service standards that regulate a continuum of services offered through the agency i.e. adoption, Chafee IL services, family-centered programs, foster parenting, addictions, preventative care, probation services and foster parenting. In Quarter 2, these standards were updated to reflect TEAPI values and best practices. (See Appendix X : Enhanced Service Standards).		1/28/2010
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.			d to Q5, Q6 on 2-23-10)		Service specific review tools, review tools, review timetable, review notification letter, Quarter 5. Reviews implemented Quarter 6			

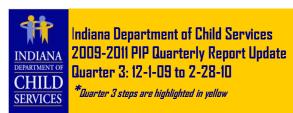




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 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	require that providers train their staff on substance abuse and domestic	Q3		Contract Development and Management Standards	See Appendix PP: Contractual Assurance Page		
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.1. DCS will offer an array of internal and external services to families based on identified needs. Regional Services Councils will select services significant to their respective region.	(RSC) will develop a new service standards for transportation services	Q5		Standard developed at RSC request.			

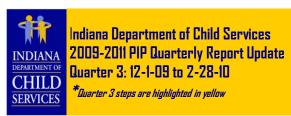




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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	•	each family in the appropriate module in ICWIS in order to track the	Q3		Tracking mechanism that records the timeliness of service referrals and associated reports.	During the Child and Family Services Review, a concern was noted that Indiana needed to improve the timeliness of service referrals. During Quarter 3, two features were migrated into ICWIS: the identified date (when a service need was determined) and a referral date (when a service referral was made). Field instructions were provided to alert staff of these new features and to reiterate the importance of meeting the service needs of families in a timely manner. Additionally, Field Operations along with ICWIS are currently finalizing the design of an automated service referral form that will be housed in ICWIS and saves in the case plan. FCMs will be able to cross-reference this referral form to the state's payments/fiscal system, KidsTracks. The referral form will include a place to record the type of service, length of service and amount (unit) of service. This feature will be available statewide July 2010. (See Appendices: QQ.1. Instructional Email to Field Staff, and QQ.2. ICWIS Screen Print of new features.)		





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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	assigned a Medicaid Care Coordinator	2.2. (a). FCMs will coordinate with the Medicaid office to secure the name and contact of the care coordinator for each ward. The care coordinator contact information will be shared with foster parent.	Q1		Admin letter to FCMs about care select	Care Select is a Medicaid care management system represented by two care management organizations. These systems operate in part to ensure that children who are made wards are enrolled in Medicaid and receiving services. During this PIP quarter, DCS released an administrative letter to field staff, supervisors, and management explaining the purpose of Care Select and requesting full collaboration with these systems. (See Appendix D: Admin Letter)		10/7/09
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.2. DCS will ensure that all wards are assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and wards receive a comprehensive level of medical care.		Q2, Q6		Statement from Care Select regarding status and completion of surveys.	A data pull from September 2009 indicated a 65% survey completion rate which is a 2.1% increase from an earlier June 2009 survey data report. (See Appendix Y: Office of Medicaid Policy and Planning (OMPP) Data Analysis Report).		



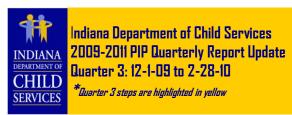
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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	assigned a Medicaid Care Coordinator (Care Select) for the purpose that health benefits are coordinated and	2.2. (c.) Medicaid vendor will provide a survey report of surveys completed. DCS will review the report and resend the admin letter if needed to encourage survey completion.	Q3, Q7	D. Judkins		An Administrative Letter was distributed on August 26, 2009 to provide an overview of the Care Select program. The admin letter stressed field cooperation and communication with the Care Management Organizations and the need for FCM completion of the health surveys. There were survey data pulls from the Indiana Office of Medicaid Planning and Policy (OMPP) on September 29, 2009 and again on November 10, 2009. The percentages between the two pulls increased from an initial 62.9% to 65% in November 2009: a 2.1% increase. At this time, it is not recommended to resend the Administrative Letter regarding Care Select. Data pulls will be requested again during PIP quarter 4 and quarter 6 to continue to monitor the rate of survey completions and the potential need to resend the Administrative Letter. (Refer to Appendix Y from Quarter 2 Report for the OMPP survey data reports.)		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.3. DCS will explore additional funding to provide mental health assessments to children served in Informal Adjustments (IA).	2.3.(a). Central Office will research funds that can be designated for mental health assessments for children served in Informal Adjustments (IA).		D. Judkins		(See Appendix Z : Memorandum of Understanding between DCS and Department of Mental Health and Addiction (DMHA)).		1/28/2010
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (a). DCS will form a committee to develop a Placement Checklist to be used by FCMs when placing children.	Q4		Copy of pre- placement checklist that will be utilized prior to placement.			





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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.		2.4. (c.) DCS Programs and Services Department will have an orientation with Regional Managers, Local Office Directors, FCM Supervisors, FCMs and foster care licensing staff, on the use of the CASEY Family Assessment tool.			day training. Sign in sheets. Training Materials.	In 2008, DCS established a Foster Care Reorganization Project which included a goal of improving how potential foster parents were evaluated before licensure and child placements. In 2009, Program and Services conducted an orientation of the CASEY Family Assessment Tool to a group of DCS staff. In attendance were FCMs, FCM Supervisors, Regional Managers, Local Office Directors, trainers, foster care staff and staff from a Licensed Child Placing Agency. DCS intends for the tool to be utilized by Foster Care Licensing Specialists in their evaluation of future foster (resource) homes. (See Appendices: AA.1.Outcome of Orientation, AA.2. attendance sheet, and AA.3 training materials).		1/28/2010



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 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (d). Develop a plan to pilot the use of the Casey Family assessment to determine realistic expectations about foster parenting, and appropriate matching between child and family. Identify pilot counties that already have foster care specialists to use the assessment tool.	Q3		pilot with counties	See Appendices: RR.1. Overview of foster care reorganization, RR.2. Formalized Plan for Pilots, RR.3. Casey Family Assessment tool.		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (e). Develop a plan to train and then implement the use of the CASEY Family Assessment tool statewide by identifying and selecting foster care specialists for each county/region.	Q4		Statewide roll-out training and implementation plan. List of foster care specialists for each county/region.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.4. Enhance foster parents' preparation for placement to increase appropriate matching of homes to children and foster placement stability.	2.4. (f). DCS will update placement matching functionality in ICWIS system to aid staff during placement decisions.	Q3, Q6 (Only report out in Q6 per discussion with FEDs and approved 8- 20-09)		ICWIS Placement Matching updates. (The Evidence of Completion has been changed to Status Update (a narrative of progress) per discussion with FEDs and approved 8-20-09)			



Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE STATEMENT OF STATEMEN Quarter 3: 12-1-09 to 2-28-10 CHILD *Quarter 3 steps are highlighted in yellow

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	preparation for placement to increase appropriate matching of homes to children and foster placement stability.		to Q8 per discussion with Feds and approved 8- 20-09)		Training schedule/roll-out calendar. Sign-in sheets - no longer required. (The goal is to pilot at least eleven (11) large and medium counties in March 2011. Bugs in the system will be worked out before the pilot. Training will come before the production in the pilot counties. Due in Q8 per discussion with Feds and approved 8-20-09.)			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (a). Develop a committee to review licensing issues to include evaluating the paperwork associated with the licensing process as well as timeliness standards for home studies and licensure activities.	Q3		list and meeting dates. Outcome	See Appendices: SS.1. Committee Member List and Meeting dates, and SS.2 Outcome Documentation: Updated Licensing Manual and Director's Note.		



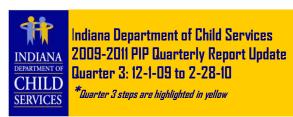
Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE PROPERTY OF THE Quarter 3: 12-1-09 to 2-28-10 CHILD *Quarter 3 steps are highlighted in yellow

Four PIP Strategies:

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.5. Reduce factors that contribute to foster parent attrition during the licensing process.	2.5.(b). Develop a position and then appoint regional licensing specialists to enhance agency responsiveness and timeliness to the needs of prospective foster parents during the licensure process.	Q5	Lozer	List of Regional Licensing Specialists and their job duties.			·
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	Reduce factors that contribute to foster parent attrition during the licensing process.	2.5. (c.) Create a workgroup to address procedural issues that are prohibitive to respite care services and discuss the feasibility of continued per diem during respite care.	Q6		Meeting notes and outcome of workgroup.			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (a). DCS' Foster Care Review Group will identify a placement assessment tool to be used by FCMs before placements occur.	Q2	D. Judkins		Indiana adopted the CANS (Child Adolescent Needs and Strengths) assessment as it's placement assessment tool and behavioral health assessment tool. The CANS is currently being piloted in Regions 3, 5, 12, and 13. FCMs are instructed to utilize this tool during the initial assessment phase of the case and on-going as needed throughout the case management stage. FCM supervisors, in these regions, have been trained as SuperUsers of the tool (received extended training to train the tool). A protocol has been developed as a guide to use the tool in the field. (See Appendices: K.1.: CANS Assessment and K.2. Protocol).		10/7/2009

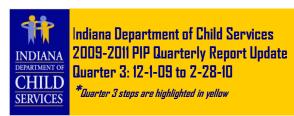




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 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (b). Policy and practice guidance will be developed on the use of the tool.	Q3		,	During Q3, the CANS was still being piloted and had not been implemented statewide. The protocol was amended as the initial pilots provided outcomes or feedback from their application of the tool. Their feedback was incorporated into the current protocol amendments. A policy will be drafted once the CANS is implemented statewide. (See Appendices: TT.1. CANS Pilot Overview, and TT.2. Amended Protocol.)		
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.6. DCS will adopt a placement a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (c.) FCMs will be trained on both the policy and placement assessment tool before implementation.		MB Lippold and A. Green	Training schedule			
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.6. DCS will adopt a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (d). The QAR tool will be updated to include a question to measure the use of the placement assessment tool.	Q3	A. Green	Updated QAR tool	See Appendix UU: Updated QAR Tool		
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.6. DCS will adopt a placement a placement assessment tool that will evaluate the child's need for placement and level of care.	2.6. (e). Regional Managers will utilize data from the QAR report to address concerns or progress related to the new tool in the Region's strategic Action Plans.	Q8		QAR report and SAPs			

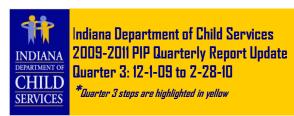




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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.		2.7.(a). DCS' foster care review group will develop a statewide strategy on how to implement specialization units throughout the state. The strategy will include the job description of the foster care specialist, service and support expectations to be rendered to foster families, and plan to develop the specialization units.			Strategy developed and implementation plan.			
 Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well- being outcomes. 	2.7. DCS will create foster care specialization units statewide to focus efforts on recruitment, placement stability, foster care in-service training, respite care coordination, and after hour supports.	2.7. (b). Develop a job description for foster care specialist.	Q4		Foster Care specialist job			

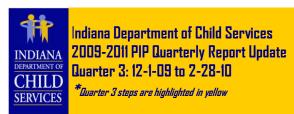




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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (a). Programs and Services will disseminate the list of providers and dentists who accept Medicaid to FCMs via email. The list will be updated and sent out annually. FCMs will be encouraged to share updated list with foster parents during visits.			and distribution list.	DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see Appendices: 0.1. email from Deputy Director of Programs and Services to DCS staff, and O.2. printout of screen from provider search)		10/7/09





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2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and wellbeing outcomes.	2.8. DCS will develop a list of mental health providers and dentists who accept Medicaid and provide information to FCMs and foster parents.	2.8. (b). Programs and Services will provide a current providers list to new foster parents during FAKT training.	Q3	L. Rich	Provider list	DCS located a website operated and maintained by the Office of Medicaid and Policy Planning (OMPP) that showcases current mental health providers and dentists across the state. The website is updated annually and/or when Medicaid providers are added or deleted from the database. The information is generated from AIM (a data base system of active Medicaid providers). This information along with additional links has been shared with all FCMs and ICWIS users and added to the Foster Family Resource Guide given to prospective foster parents during FAKT training. (see Appendix 14: email from Deputy Director of Programs and Services to DCS staff, and printout of screen from provider search)		10/7/2009



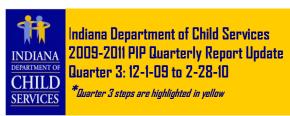
Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE STATEMENT OF STATEMEN Quarter 3: 12-1-09 to 2-28-10 *Quarter 3 steps are highlighted in yellow

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Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (a). DCS Domestic Violence workgroup will identify the community providers, who offer domestic violence services, to develop a partnership.	Q1	D. Judkins	Workgroup membership and Partnership membership.	The DCS Domestic Violence workgroup membership consisted of internal staff who represented areas of policy, legal operations, ICWIS, Hispanic initiatives, field staff and executive management. DCS forged partnerships with two significant community providers who serves victims of domestic violence in different capacities: Dr. Carolyn Black, IU School of Social Work and Domestic Violence Specialist, Celeste Jackson of Family Social Services Administration (FSSA). Over the course of this initiative, DCS has plans to expand this partnership to other community providers including law enforcement. In addition, FCMs have been encouraged to utilize the DV partner programs in their respective regions as an additional resource. (See Appendix E: Workgroup membership and partnership list).		10/7/09
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1. (b). The DCS DV workgroup will develop recommendations from the collaboration to develop policy for field staff to assess domestic violence more effectively.		D. Judkins and A. Green	Recommendation from workgroup and written approved policy.	The recommendations from the workgroup were utilized to update practice tools and current policy chapters (Intake, Assessment, General Case Management, In-Home Services, Out-of-Home Services) in which domestic violence issues made an impact. In order to locate the revisions, the tools and polices will indicate a new section that addresses domestic violence as it relates to that particular administrative or field practice. (See Appendices: L.1. Workgroup recommendations and L.2.Revised tools and policies.)		10/7/09

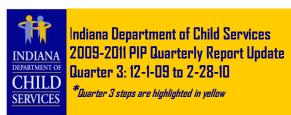




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Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(c.) DCS workgroup will work with Law Enforcement Agency and service providers to develop a protocol on how field staff can intervene and provide service in instances of domestic violence.	Q4	D. Judkins	The protocol developed.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.1. DCS will collaborate with community partners to develop domestic violence guidelines.	3.1.(d).The Domestic Violence protocol and policy will be trained to field staff through in-service training.	Q4	D. Judkins, A. Green and MB Lippold	Training plan and roll-out calendar. Training sign-in sheets.			
Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (a). DCS will partner with all agencies mentioned to develop service strategies. Included will be encouraging providers to accept Medicaid and develop both capacity and service availability.	Q5, Q7	L. Rich, J. Ryan and D. Weinberg	Quarterly meeting meetings.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.2. DCS will partner with FSSA, OMPP, and DFR to discuss issues of provider availability and develop strategies for capacity expansion, accessibility, and availability including services geared toward prevention.	3.2. (b). DCS will implement strategy identified and developed from collaboration.	Q5	L. Rich, J. Ryan and D. Weinberg				
3) Engage multiple partners to protect children in their community through cooperation and communication.	provider availability and develop strategies for capacity expansion,	3.2.(c.) DCS will partner with FSSA, OMPP, and DFR to ensure that dental health providers who accept Medicaid have both the capacity and availability to service wards throughout the state.	Q5, Q7		List of dental health providers. Q5 baseline of providers. Q7 Increase of providers over baseline			





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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3.(a). Develop a taskforce of those involved with Fatherhood initiatives, LEA, CASA, Juvenile Judges, and CIP to formulate strategies to increase non-custodial and absent parent involvement. Proposed new step): DCS will form a fatherhood taskforce to formulate strategies and secure funding from CASEY foundation to increase non-custodial and absent parent involvement in selected Regions 5,8, and 16.	1	D. Judkins – M. Lippold and L. Rich	Recommendations-developed from-taskforceList of Taskforce members and recommendations developed.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	3.3. (b). Recommendations from the taskforce will be considered for policyand procedural development. Proposed new step: A fatherhood initiative pilot will be developed in each identified region. Each region will choose a service provider to manage the pilot. Once the providers are selected, DCS will complete the signature agreements for each provider.		A. Green M. Lippold and L. Rich	Policy and procedural guidance-Selection of service providers for each region and their program proposal. Signed agreements with providers.			



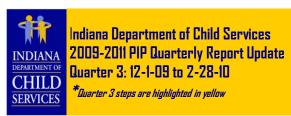
Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE STATE OF THE S Quarter 3: 12-1-09 to 2-28-10 CHILD *Quarter 3 steps are highlighted in yellow

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3) Engage multiple partners to protect children in their community through cooperation and communication.		3.3. (c.) DCS will offer Computer Assisted Training to DCS staff on new- policy. The training will be placed on DCS Intranet and coordinated with the Judicial Center to offer the training to- external legal partners. Prior to the implementation of the initiative, DCS will provide an one-day training to FCMS, FCM Supervisors, and Local Office Directors on the pilot initiative and the referral process.		Green and A. Brown (Indiana Judicial Center)	Roll-out training- calendar and sign- in sheets, Q4.— Percentage of DCS- and Courts- staff/external- partners trained, Q6 and Q8.— Training Curriculum and Roster of Attendees			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.		Q6		Modified ADI procedures and Instructional Steps provided to the Field in those regions.			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.		Q7		Outcome of US Search Report and Comparative Data			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	New Step: 3.3.(f). DCS will develop a fatherhood measurement data report that will track statewide search and engagement efforts from the field.	Q6	T. Bender	Fatherhood Measurement Report			





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3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	New Step: 3.3. (g). Outcome measures for the Initiatives will be established and reports will be generated quarterly.	Q5		Quarterly Outcome Report			
3) Engage multiple partners to protect children in their community through cooperation and communication.	3.3. DCS will work with community partners to emphasize the importance of the involvement of non-custodial parents, absent parents, and other significant relatives.	New Step: 3.3. (h). Staff who oversee the Marion County Fatherhood initiative and the new fatherhood initiatives will generate monthly Fatherhood Tips statewide via email. The tips will aid field staff with fatherhood engagement techniques and address barriers to fatherhood involvement.	Q5-Q8	L. Rich	Monthly Fatherhood Tips			
3) Engage multiple partners to protect children in their community through cooperation and communication. 3) Engage multiple partners to protect their community through community through communication.	improve the process of reaching permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address	3.4. (a). Develop a plan to implement the Permanency Project Pilot Court/DCS initiative to improve the permanency outcome. DCS will inform Judges on current permanency efforts by attending a Child Welfare Improvement Committee meeting to present the 6-month legal staffing form and permanency data report. The permanency data report illustrates the children awaiting permanency post TPR and children who are awaiting TPR finalization.	Q1-Q4	Lozer, and A. Reid Brown	Plan Meeting Notes and	During Quarter 1, Deputy Directors from Field Operations, Legal, Practice Support along with Region 14's manager and CIP administrator met to discuss how the Permanency Pilot Project will be implemented in the Pilot counties. (See Appendix F: Implementation Plan worksheet)		10/7/09



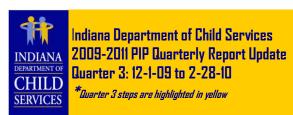
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protect children in their community through cooperation and communication.		3.4.(b). Ensure the three counties-selected will continue collaboration-between the Local office directors and Juvenile Judges. DCS will assist CIP with the development of permanency topics to be discussed at the Annual Juvenile Judges Conference including the following: barriers to timely TPR filings and hearings, locating adoptive families for legal risk youth, timeliness of adoptions and the reconstruction of the Special Need Adoption Program (SNAP).	Q2-Q5	D. Judkins, J. Lozer, L. Rich and A. Reid Brown (Indiana Judicial Center)	Meeting minutes (Itinerary topics and outcome of forum)	See Appendix BB: Meeting summary		
protect children in their community through cooperation and communication.	3.4. DCS will collaborate with CIP to- improve the process of reaching- permanency outcomes. DCS will collaborate with the Court Improvement Project (CIP) to address barriers to TPR filings and to actively pursue adoption as the permanency goal.	3.4. (c.) Develop a review process for- eases selected. DCS will prepare a Director's note or Admin letter to educate field staff, courts, and adoptive parents, whose children are currently ineligible for IV-E adoption assistance, on possible financial assistance with the TANF delinking process through Fostering Connections.	Q3- Q6	D. Judkins and J. Lozer	Formalized process- in which the cases- were selected. Update on the delinking process. Communication, via Director's note or Admin letter to field staff, courts and adoptive parents.			
protect children in their	3.4. DCS will collaborate with CIP to improve the process of reaching permanency outcomes.	3.4-(d). Generate checklist for cases reviewed in order to move cases to permanency.	Q 3	D. Judkins and J. Lozer	Objecklist			

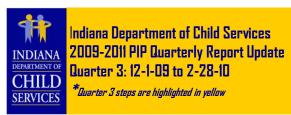




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3) Engage multiple partners to protect children in their community through cooperation and communication.	permanency outcomes	3.4 (e) Create and implement plan to share effective strategies with local offices and court staff	X	\times	disseminated to the field with statewide implementation rollout plan.			
Engage multiple partners to protect children in their community through cooperation and communication.	3.5. DCS - Johnson County will continue collaboration with Johnson County Circuit Court to manage CIP funded pre-hearing facilitation program.	3.5. (a). DCS Johnson County will provide semi-annual reports on the progress of the initiatives outlined in the funded program.		J. Lozer	DCS Johnson County Court Progress report to CIP	(See Appendix CC : Johnson County CIP Program Status Report).		
Engage multiple partners to protect children in their community through cooperation and communication.	collaboration with Marion County	3.6. (a). DCS Marion County will provide Semi-annual report on the progress of the initiatives outlined in the funded program.	Q8-Due date changes approved 3- 10-10	J. Lozer	DCS Marion County Court Progress report to CIP.	(See Appendices: DD.1. Marion County Facilitation and Mediation Report and DD.2. Marion County Model Court Report on Mediation Program).		
Engage multiple partners to protect children in their community through cooperation and communication.	provide semi-annual report on the	3.7. (a). DCS Tippecanoe County will provide semi-annual report on the progress of the initiatives outlined in the funded program.			Tippecanoe County Court progress report to CIP.	(See Appendix EE : Tippecanoe County CIP Program Status Report)		

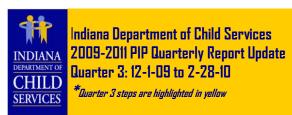




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protect children in their community through	the CIP/DCS mediation and facilitation programs will be used to develop a statewide implementation plan.	3.8.(a). Field Operations will review the progress reports from the listed counties and develop a taskforce with CIP on how similar initiatives can be implemented statewide.	·	A. Brown (Indiana Judicial Center)	Outcome of taskforce and statewide- implementation- plan, Q4. Update- on Implementation, Q6. Outcome of Data, Q6 approved 3-10-10			

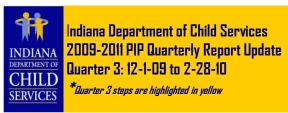




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3) Engage multiple partners to protect children in their community through cooperation and communication.		3.9. (a). DCS and IDOE will draft educational advocate language and determine the job description/role of an educational advocate.	Q3	J. Lozer		DCS, Department of Education, and all state agencies have been placed under a hiring freeze. No funds were appropriated for regional education advocate positions and it is uncertain when and if such funds will be appropriated. However, DCS and IDOE have teamed together to help support the expansion of the Foster Youth Education Initiative into Indiana and the Indianapolis region in particular. The initiative focuses on identifying foster children and foster youth with unmet educational needs and ensuring they receive appropriate educational advocacy and opportunities. Each school system will appoint a foster youth education liaison and DCS will appoint a counterpart in its Marion County office. These liaisons will operate as education advocacy experts. This network of experts will include individuals in the provider community, Guardian Ad Litem and CASAs, and attorneys in private practice. Implementation is expected to commence on or about November 1, 2010 and will include initial training and recruitment efforts by IDOE and DCS.		

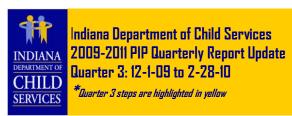




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
Engage multiple partners to protect children in their community through cooperation and communication.	3.9. DCS will collaborate with IDOE (Indiana Department of Education) on the development and implementation of education advocates for wards.	3.9. (b). Continue collaboration with IDOE to determine the funding source for the advocates and the development of the pilot plan for certain regions.	Q7	J. Lozer	Outcome from collaboration and pilot plan.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(a). The Individual Training Needs Assessment Tool (ITNA) will be completed for all FCMs with the FCM supervisor.	Q4	MB Lippold	ITNA training protocol			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (b). Once training needs are identified the curriculum developed will include a catalog of courses available to FCMs that will include classroom training, web-based e-learning modules, and video conferencing training.	Q6	MB Lippold	Course catalog			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (c.) A schedule for needs-based training courses will be published and distributed to FCMS to review.	Q6	MB Lippold	Training schedule			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (d). FCMS will attend classes and complete all requirements including evaluation summary.	Q8	MB Lippold	Published evaluation data based on satisfaction surveys completed and reviewed for training effectiveness.			

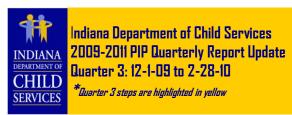




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
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 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1.(e). Form a committee to identify and secure additional funding for cost-effective trainings held outside the partnership for Child Welfare Training and Education, and establish a protocol on how FCMs can access these funds.	Q2	''	Protocol developed and approved by the Director.	(See Appendix FF : Admin letter on External Trainings).		1/28/10
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.		4.1.(f). Develop a policy to determine the required in-service training hours for FCMs each year.	Q3	MB Lippold and A. Green	Policy	See Appendix VV: Policy		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.1. DCS will utilize an assessment tool to identify staff training needs.	4.1. (g). Development of a comprehensive training record information system to track all trainings attended and completed by FCMs.	Q3		~	This report reflects completed learning for an employee. It produces a list of all DCS trainings taken by the participant. The trainings are described by Course Name and it includes New Worker trainings, Experienced Worker trainings, Supervisors trainings and Computer-based trainings. The completion dates and hours received from each course is also indicated in this report. (See Appendix WW: ELM Report)		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (a). Develop Director's Note to inform all DCS staff of the plan to transition FAKT training from Programs and Services Department to the Staff Development Department.	Q6	L. Rich and MB Lippold	Director's Note			





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
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 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (b). During transition, Training staff will review current FAKT curriculum and identify areas to improve based on TEAPI model as well as update pre and post foster parent training materials to include more reality-based and situational learning.	Q6	17.5	Documentation of FAKT curriculum review and revised FAKT training curriculum.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2.(c.) DCS Hispanic Initiative Program Manager will review current FAKT forms and training materials to ensure the use and correctness of the Spanish Language.	Q2	D. Judkins	Updated bilingual materials/curriculu m	Updates and corrections were made to the FAKT forms and training curriculum to reflect correct terminology of the Spanish language. (See Appendix GG : Updated forms and training curriculum).		1/28/10
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.2. DCS will provide consistent quality foster parent training to new and ongoing foster parents.	4.2. (d). Staff development will develop a plan to have training available for Spanish Speaking foster parents.	Q5	MB Lippold	Plan completed with an implementation timeline.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	- (-)	Q7		FAKT training curriculum			



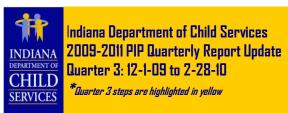
Indiana Department of Child Services INDIANA DEPARTMENT OF DURANTE STATE OF THE S Quarter 3: 12-1-09 to 2-28-10 CHILD *Quarter 3 steps are highlighted in yellow

Four PIP Strategies:

- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system. Output Description:	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	(1)		A. Green	Policy tips and practice guidance.	See Appendices: XX.1 Policy Email to Staff and XX.2 Policy		
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (c.) DCS will provide a Computer Assisted Training on how to become educational surrogates available to FCMs and FCM Supervisors. Training will be tracked through Enterprise Learning Management System (ELMS) for all who completed the training.			CAT training completed and ELMS report of staff trained.			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.3. DCS will train foster parents, FCMs and FCM Supervisors on how to become educational surrogates.	4.3. (d). The Foster Care specialization units will generate a report of foster parents who become educational surrogates and provide additional supports as needed.	Q8		List of foster parents/educational surrogates			
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	4.4. Enhance Practice Indicator review process to measure safety more effectively.	4.4. (a). Expand definition of safety in practice indicator to measure safety more effectively.	Q1	D. Judkins	Revised practice indicator	The Practice Indicator safety definition was expanded to mirror the federal safety definition. The revised practice indicator and modified absence of maltreatment report will be available in Q2 (PIP item 4.4.b) reflecting the expanded definition. (See Appendix G : Expanded Safety Definition)		10/7/09

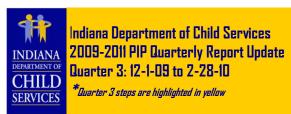




- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
will support and sustain all	effectively.	4.4.(b). Utilize State practice tracking system (Practice Indicators -PI) to make the PI mirror the CFSR process. This will require modifying the PI report for the absence of repeat maltreatment and creating a new PI report to capture the absence of child abuse and/or neglect in a foster care setting.	Q2		New PI created and modified absence of maltreatment report.	The new practice indicator report and Absence of Maltreatment report have been modified to reflect the expanded safety definition provided in Q1. (See Appendices : HH.1. New PI Report and HH.2. Modified Absence of Maltreatment Report).		1/28/10
will support and sustain all	effectively.	4.4.(c). Based on maltreatment measurements across state, Regional Managers will develop strategies that will address the frequencies in maltreatments for each region. Each region will implement strategies developed and report progress in SAPs.	Q1		Regional Strategic Action Plans	See Appendix C: (Excerpts from STAR Report)		10/7/09
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	supervision supports by integrating the efforts into on-going staff training.	4.5.(a). Fill the clinical consultant vacancy. Continued expectation of this position is to facilitate group in-service trainings with supervisory and management staff regarding best practices in Clinical Supervision.	Q2		, ,	The clinical consultant vacancy was filled in 2009. This position will provide clinical support to supervisors and local office directors by ensuring fidelity and maintenance of various practice reform applications. (See Appendix II : New Staff, job description, and schedule/calendar of in-service trainings).		1/28/10
4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.	supervision supports by integrating the efforts into on-going staff training.	4.5.(b). Clinical Consultant will meet with Deputy Director of Staff Development to devise a plan on how to integrate the clinical supervision techniques into on-going staff training.			Plan of outcome and implementation.	See Appendix YY: Plan for Clinical Supervision Techniques		





- 1) Development of staff to have assessment skills and competencies that determine the risks and needs of children and their families.
 2) Ensure that individualized programs and services are delivered to families and children in order to achieve safety, permanency, and well-being outcomes.
- 3) Engage multiple partners to protect children in their community through cooperation and communication.
 4) Create an infrastructure that will support and sustain all components of delivery within the child welfare system.

Primary Strategy	Action Steps	Benchmarks	Quarter Due	Person Responsible	Evidence of Completion	Quarterly Report Update	Federal Comments	Date Completed
		4.5. (c.) Clinical supervision techniques will be incorporated into New Supervisor training, Practice Model Supervision training and Leadership Training, Trainers will incorporate new material into appropriate modules.	Q4	''	Curriculum developed and updated modules.			
	supervision supports by integrating the efforts into on-going staff training.	()			Outcome of plan developed.			



State:	Indiana
Date Sub	1/28/2010
PIP:	
Quarterly	X
Quarter:	2

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Ou	tcome 1: Absence of Recurrence of Maltreatment
National	94.60%
Standard	
Performa	92.7% (4-1-05b to 3-31-06a) (met standard per Feds January 2009)
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State:	Indiana
Date Submitted	1/28/2010
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Quarterly Report	X
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Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

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Improvement												
Goal												
Method of												
Measuring												
Improvement												
Renegotiated												
Improvement												
Goal	0.1	0.2	0.2	0.4	0.5	0.6	0.7	00	00	010	011	0.10
Status (Enter the	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
quarter end date												
and measurement												
Note												